

FILED Aug 15 1951
AUG 15 '51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21951

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 119

43
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarence	
c. LENGTH OF STAY (in this place) 2 Months		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baker Nursing Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Flora	b. (Middle) Tena	c. (Last) Mitts	4. DATE OF DEATH (Month) (Day) (Year) Aug 6th 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 25th 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR 4 Days	IF UNDER 4 HRS. 11 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY #	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Schwada	13b. MOTHER'S MAIDEN NAME Louise Nieman	14. NAME OF HUSBAND OR WIFE Deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Frank Mitts Marshall Mo.	ADDRESS _____
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18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		10 years
	II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia		1 year

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? 332X YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 6/6, 1951, to 7/31, 1951, that I last saw the deceased alive on 7/31, 1951, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE Thos. L. Sawyer, M.D. (Degree or title)	23b. ADDRESS Mexico, Mo.	23c. DATE SIGNED 8/9/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 8th 1951	24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	24d. LOCATION (City, town, or county) (State) Macon County Mo
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DATE REC'D BY LOCAL REG. Aug 6 1951	REGISTRAR'S SIGNATURE Blanche Heely	25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw & Hawkins	ADDRESS Shelbina Mo.
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Date Received: **AUG 13 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-51-1448*
Date Filed: **AUG 14 1951**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

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working under my personal supervision.
Student
Student Embalmer

Student Embalmer No.

Signed

Ferny G. Barkelsee

Licensed Embalmer No.

3835

P. O. Address

Shelburne, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.